



**Bachelor of Science Degree in Dental Hygiene
Assessment Report
2024-2025**

Dental Hygiene Program Mission:

The Oregon Institute of Technology Dental Hygiene Program provides a humanistic learning environment that fosters student and graduate success through respect and professionalism, and by encouraging innovation and critical thinking. Its mission is to prepare students to become healthcare professionals who serve diverse populations in multiple roles including leadership, clinical and public health, research, education, and entrepreneurship. Oregon Tech Dental Hygiene graduates gain experience with project-based learning, community service, applied research emphasizing evidence-based practices; and are empowered to become life-long learners.

Program Purpose:

The purpose of the Bachelor of Science in Dental Hygiene program is to prepare students for entry into the dental hygiene profession and additional careers such as public health, administration, education, research, and marketing. The graduate will be prepared to enter master's degree programs in dental hygiene and related programs.

Educational Goal:

1. Prepare students for the registered practice of dental hygiene by providing opportunities to develop the necessary knowledge, skills, and values in the following areas:
 - Interprofessional Collaboration/Communication
 - Critical Thinking
 - Professionalism, Ethical Practice
 - Lifelong Learning
 - Provision of Oral Health Care
 - Community Health Outreach
 - Disease Prevention
 - Evaluating Research

To support the Program Mission of the Bachelor of Science in Dental Hygiene program at Oregon Tech, curriculum provides students to graduate with an Expanded Practice Dental Hygiene Permit and endorsements for local anesthesia, nitrous oxide, and restorative functions. This permit with licensure, and the endorsement opportunities, allow graduates to serve diverse populations through entrepreneurship and population health needs outside of traditional clinical settings.

Graduates from the dental hygiene program are in demand and secure employment immediately upon licensure. The curriculum prepares students for expanded practice opportunities with program-approved electives in management, education, public health, and clinical fields connecting oral health with primary health. Within 5-10 years from graduation, graduates have gained enough experience in the profession to determine a more independent path such as entrepreneurship or master's and doctoral degrees.

Mission Alignment:

- The Oregon Institute of Technology Dental Hygiene Program offers extensive and innovative professionally focused hands-on dental clinic experience with opportunities for off-campus rotations to practice their dental hygiene skills while working alongside licensed practitioners and dentists.

- Additionally, the students design, plan, implement, and manage community oral health for under-served populations. This community project assesses community needs and gives our students real-world experiences far beyond what most dental hygiene programs offer.
- During their education in the program, our students have an opportunity to travel abroad for two weeks in what we refer to as the International Externship Program or IEP. Our senior students provide oral hygiene care in countries such as Romania, Ukraine, Moldova, Costa Rica, Honduras, Peru, Guatemala, Nicaragua, Jamaica, and Granada.
- Meanwhile, our dental hygiene students earn enough clinical hours for licensure with an Expanded Practice Permit when they graduate and pass national and state exams, which is a highly sought-after requirement in our field of work.

Program Description and History:

- The Oregon Tech Dental Hygiene program began in 1970 as an Associate of Applied Science (AAS) program. Beginning in 1985, students had the option of completing a Bachelor of Science (BS) degree, and in 2003 the program began awarding the BS degree only.
- In 2005, Oregon Tech entered a partnership with ODS to provide a Dental Hygiene AAS program in La Grande. The partnership ended in 2017. In total 200 students graduated from the program.
- In 2009, Oregon Tech entered an agreement with Chemeketa Community College to offer the OT DHBS program in Salem. A committee of the Commission on Dental Accreditation conducted a special focused site evaluation on November 4, 2011. The accreditation status of the program at the time of the site visit was “approval without reporting requirements.” The program accepted its first cohort of students fall term 2011. The program accepts 20 students annually.
- All students must complete prerequisite courses to be eligible for application to the program. Acceptance to the program is selective. Applicants are accepted each spring and begin course work in the fall term. Seating is limited to 22-24 students at Klamath Falls and 20 at Salem.

Section 2 - Program Student Learning Outcomes

PSLOs:

PSLOs: PSLO | CODA Standard

1 – Interprofessional

Collaboration/Communication

CODA Standard 2-15

2 – Critical Thinking

CODA Standard 2-23

3 – Professionalism, Ethical Practice

CODA Standard 2-19, 2-20

4 – Lifelong Learning

CODA Standard 2-21

5 – Provision of Oral

Health Care, CODA Standard 2-12- 2-14

Definition

The dental hygiene graduate will be competent in communicating, collaborating, and interacting with other members of the health care team to support comprehensive patient care.

The dental hygiene graduate will be competent in critical thinking and problem solving related to comprehensive care and management of patients.

The dental hygiene graduate will be competent in the application of ethical reasoning, legal, and regulatory concepts in the provision of care, and evidence-based support of oral health care services.

The dental hygiene graduate will demonstrate competent knowledge and self-assessment skills necessary for life-long learning.

The dental hygiene graduate will be competent in providing the dental hygiene process of care for a wide range of patient profiles and all classifications of periodontal diseases.

6 – Community Health
CODA Standard 2-16

7 – Disease Prevention
CODA Standard 2-13

8-Evaluating Research
CODA 2-22

The dental hygiene graduate will be competent in assessing; planning, implementing, and evaluating community based oral health programs

The dental hygiene graduate will evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.

The dental hygiene graduate will be competent in evaluating current scientific literature to incorporate evidence-based decisions into dental hygiene practice.

PSLO 1: *The dental hygiene graduate will be competent in communicating, collaborating, and interacting with other members of the health care team to support comprehensive patient care.*

Course: DH 422/423 – “Dental Hygiene Clinical Practice and Seminar VIII-IX”
DH 323 – “Dental Hygiene Clinical Practice and Seminar VI”

Direct Assessments: Senior Capstone – DH 422/423
Junior Interprofessional Collaboration Portfolio (IPC) – DH 323

Indirect Assessment: Senior Institutional Evaluation Survey

Assessment Cycle: 2024-25; 2027-28

PSLO 2: *The dental hygiene graduate will be competent in critical thinking and problem solving related to comprehensive care and management of patients.*

Course: DH 422/423 – “Dental Hygiene Clinical Practice and Seminar VIII-IX”
DH 475 – “Evidence Based Decision Making in Healthcare”

Direct Assessments: Senior Capstone – DH 422-23
Putting It All Together Assignment – DH 475

Indirect Assessment: Senior Institutional Evaluation Survey

Assessment Cycle: 2023-24; 2026-27

PSLO 3: *The dental hygiene graduate will be competent in the application of ethical reasoning, legal, and regulatory concepts in the provision of care, and evidence-based support of oral health care services.*

Course: DH 422/23 – Dental Hygiene Clinical Practice and Seminar VIII-IX
DH 382 – Community Dental Health III

Direct Assessments: Senior Capstone – DH 422-23
Portfolio – DH 382

Indirect Assessment: Senior Institutional Evaluation Survey

Assessment Cycle: 2025-26; 2028-29

PSLO 4: *The dental hygiene graduate will demonstrate competent knowledge and self-assessment skills necessary for life-long learning.*

Course: DH 422-23 – Dental Hygiene Clinical Practice and Seminar VIII-IX
DH 475 – Evidence Based Decision Making in Healthcare
DH 323 – Dental Hygiene Clinical Practice and Seminar VI

Direct Assessments: Senior Capstone – DH 422-23
Putting It All Together Assignment – DH 475
Professionalism Research – Junior Portfolio DH 323

Assessment Cycle: 2024-25; 2027-28

PSLO 5: *The dental hygiene graduate will be competent in providing the dental hygiene process of care for a wide range of patient profiles and all classifications of periodontal diseases.*

Course: DH 423 – Dental Hygiene Clinical Practice and Seminar IX

Direct Assessment: Senior Capstone and Patient clinic tracker

Indirect Assessment: Senior Institutional Evaluation Survey

Assessment Cycle: 2022-23; 2025-26

PSLO 6 - *The dental hygiene graduate will be competent in assessing; planning, implementing, and evaluating community based oral health programs*

Course: DH 383 Community Dental Health IV

Direct Assessment: ePortfolio

Indirect Assessment: Senior Institutional Evaluation Survey

Assessment Cycle: 2024-25; 2027-28

PSLO 7 - *The dental hygiene graduate will evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance.*

Course: DH 323 – Dental Hygiene Clinical Practice and Seminar VI

Direct Assessment: CaMBRA (Caries Management by Risk Assessment)

Indirect Assessment: Reflection

Assessment Cycle: 2022-23; 2026-27

PSLO 8 - *The dental hygiene graduate will be competent in evaluating current scientific literature to incorporate evidence-based decisions into dental hygiene practice.*

Course: DH 475 – Evidence Based Decision Making in Healthcare

Direct Assessment: Putting It All Together Assignment

Indirect Assessment: Reflection

Assessment Cycle: 2022-23; 2026-27

The Commission on Dental Accreditation conducted a site visit on October 8-9, 2024. Their report on Institutional Effectiveness included: “The program has documented its effectiveness using a formal and ongoing outcomes assessment process to include measures of dental hygiene education student achievement.”

Section 3 – Curriculum Map

[illegible]

[illegible]

DH-476, 422, 423									C	
DH-242, 275, 421										F
DH-321, 322, 323, 422, 454										P
DH-423										C

Section 4 – Assessment Cycle

Outcome	Course	Direct	Indirect	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
PSLO 1 Communicate	DH 422/423	Capstone	Grad Survey			✕			✕
	DH 323	IPC Portfolio							
PSLO 2 Critical Thinkin	DH 422/423	Capstone	Grad Survey						
	DH 475	Putting it Together	Discussion Post		★			✕	
PSLO 3 Ethics	DH 422/423	Capstone	Grad Survey				✕		
	DH-382	Portfolio							
PSLO 4 Lifelong Learning	DH 422/423 n	Capstone				✕			✕
	DH 475	Putting it Together	Self Reflection						
	DH 323	Professionalism Research Portfolio	Attend ODHA ODC						
PSLO 5 Provision of Ora Healthcare	DH 423	Capstone & Pt Clinic tracker	Grad Survey	★			✕		
PSLO 6 Community Hea	DH 383	Portfolio	Grad Survey			✕			✕
PSLO 7 Disease Preventi	DH 323	CaMBRA	Reflection	★			✕		
PSLO 8 Evaluate Resear	DH 475	Putting it Together	Reflection		★			✕	
ISLO 1 Communicate	DH 423	Capstone							

	DH 323	Portfolio presentation	Grad Survey			✕			✕
	AHED 450	4Mat Lesson Pl (writing)							
ISLO 2 Inquire/ Analysis	DH 475	Putting it Together	Discussion Post Grad Survey		★			✕	
ISLO 3 Ethics	DH 423	Capstone	Grad Survey				✕		
	DH 383	Portfolio							
ISLO 4 Teamwork	DH 382	Teamwork Eval Rubric	Grad Survey			✕			✕
ISLO 5 Quant. Literacy	DH 454	Production/ Salary Analysis	Grad Survey		★			✕	
ISLO 6 Diversity	DH 423	Capstone Presentation	Grad Survey	★			✕		
	DH 322/323	Jr. Portfolio Case presentation							
	DH 242	Cultural Awareness Research Presentation							
	DH 372		IEP Program Reflection						

Section 5 – Assessment Data Collection Process

The following courses were used to assess PSLO #1, PSLO #4 ISLO #1

DH 422-423 – Dental Hygiene Clinical Practice and Seminar VII-IX

DH 323 – Dental Hygiene Clinical Practice and Seminar VI

AHED 450 – Instructional Methods

Activity: (Communication – PSLO #1, ISLO #1)

Performance target:

DH 422-23 – Dental Hygiene Clinical Practice and Seminar VIII/IX (direct)

80% of students scoring 75% or higher for all assessments in PLSOs and ISLOs

The senior capstone presentation assessed communication, critical thinking, and ethical reasoning for the dental hygiene program. The capstone gives students the opportunity to combine technical skills and critical thinking to address unscripted and authentic problems experienced during patient care. A 300-point rubric assesses an oral presentation given at the end of senior year to demonstrate critical thinking skills with management of a unique clinical patient case. This capstone project demonstrates the

application of knowledge, learned over the dental hygiene program, to individualize patient care. During fall term, the students submit a written report on their progress with research and plans for patient management. The final presentation is the complete case study of the patient graded by clinical instructors. The rubric scoring criteria includes:

- Introduction and definition of the capstone project
- Application of knowledge
- Analysis and critique of research
- Knowledge of patient management
- Interprofessional collaboration
- Diverse Perspective
- Ethical Decision making
- Results
- Summary/conclusion
- Reflection/self-assessment

Sample:

Klamath Falls Campus sample n = 19 / Salem Campus sample n = 19

Reliability:

The capstone presentations were scored, in both Salem and Klamath Falls cohorts, using the same 300-point rubric. At each location, the same instructors scored all presentations given at their location to be as calibrated and fair as possible.

Rubric:

Students must earn $\geq 75\%$ to pass the capstone project. Each section of the rubric has points awarded from poor at 0 points, competent at 225 points and Superior at 300 points. Each section awards points with interprofessional collaboration, diverse perspectives, and ethical decision weighted the heaviest. See **(Appendix A)**

Performance target:

DH 323 – Dental Hygiene Clinical Practice and Seminar VI (direct)

80% of students scoring 75% or higher for all assessments in PSLOs and ISLOs

The Junior Experience Portfolio is completed over the course of the three terms of junior year. This portfolio demonstrates the continued growth of the students over the course of the year. There are several sections that are completed throughout the year, and they include: Caries Active Patient, Special Needs Patient, Case Presentation, Professional Development, Interprofessional Collaboration, Research, Clinic Reflections, and an Oral Presentation. The final presentations were scored, in both Salem and Klamath Falls cohorts, using the same 235-point rubric. At each location, the same instructors scored all presentations given at their location to be as calibrated and fair as possible. The scoring rubric criteria includes:

- Quality of submission
- Caries Active
- Special Needs
- Case Presentation
- Final Clinic Reflection
- Interprofessional Collaboration
- Professional Development
- Research
- Oral Presentation
- Self-evaluation

Interprofessional Collaboration is to allow for the student to experience interprofessional collaboration with other healthcare providers outside of dentistry. This is a section of the Junior Portfolio experience. Students schedule a shadowing time with an approved healthcare provider and document four hours of observation. Students then reflect on what both the experience and observation mean to their professional development. The 20-point Rubric assesses:

- Appropriate topic
- Reflection of IPC experience
- Application of IPC experience to dental hygiene process of care and professionalism
- Organization of report and proof of experience

Sample:

Klamath Falls Campus sample n = 19 / Salem Campus sample n = 19

Rubrics:

Students must earn $\geq 75\%$ to pass the junior experience portfolio. The rubric has points awarded from poor to excellent for the overall portfolio and specific point values for each section within the portfolio.

(Appendix B)

AHED 450 – Instructional Methods (direct)

80% of students scoring 75% or higher for all assessments in PSLOs and ISLOs

Course description: Students develop instructional content and an instructional plan for teaching topics for adult learners. Teaching methods, learning styles, student and instructor evaluation, and use of media are discussed. Students are assessed on a Teaching Strategy Report and 4-Mat Lesson Plan each term that the course is offered. The Teaching Strategy Research Report has students research an active learning strategy and write a detailed report that discusses the teaching strategy. Some examples are role-playing, games, debate, collaborative learning, cooperative learning, case histories, problem-based learning, simulation and web-quests. The 4-MAT Lesson Plan assessment has a student choose an oral healthcare topic and develop a comprehensive lesson plan that includes goals, objectives, multiple active learning strategies, and assessments.

Sample:

Winter term: n = 24 online

Spring term: n = 9 online

Reliability:

The major assessments are scored by the course instructor using detailed rubrics. This is an online course with the same instructor for both cohorts in a combined class.

Rubric:

Teaching Strategy Report Rubric is a 33-point rubric assessing:

- Grammar and writing APA format
- Organization
- Definition and description of strategy

- Advantages and disadvantages of teaching strategies
- How the teaching strategy could be used in classroom, lab, or clinic settings

(Appendix C)

Rubric:

4-MAT Lesson Plan Rubric is a 50-point rubric assessing:

- Topic and goals
- Objectives
- Teaching strategies
- Assessments

(Appendix D)

The following course was used to assess:

PSLO #4 Life Long Learning, PSLO #6 Community Health

Activity: PSLO #4 & #6 (Life Long Learning)

Performance target:

DH 475 – Evidence Based Decision Making (EBDM) in healthcare (direct)

80% of students scoring 75% or higher for all assessments in PSLOs and ISLOs

The purpose of the “*Putting it together*” assessment is to provide a critical appraisal of a new topic of the student’s choice expressed as a focused PICOT question using the theory and processes that have been presented in the research course. This is to broaden the students understanding of EBP, and further their skills in creating focused PICOT questions, and critically appraising peer-reviewed journal articles. The assignment is completed by students individually and submitted online. The final product students submit is a written report demonstrating their ability to critically appraise evidence-based research.

Sample:

Fall term n = 26 online

Winter term = 17 online

Spring term = 8 online

Reliability:

A Rubric for final grading called “Putting it Together” was used by the course instructor to grade students. The rubric has a 24-point scale with eight categories.

Rubric:

Students must earn > 75% to pass this assignment. Each section of the rubric has points awarded for Proficient at 3 points, Competent at 2 points, or Novice at 0-1 point. Points are awarded for:

- Title of CAS/Table format
- Summary of major findings
- PICO question format
- Study design
- Evidence summary

- Comments – relevance to clinical practice
- Resources used
- Writing mechanics

See (Appendix E)

Performance target:

DH 323 - Dental Hygiene Clinical Practice and Seminar VII (direct)

80% of students scoring 75% or higher for all assessments in PSLOs and ISLOs

Students have the opportunity to attend at least one dental conference during the academic year. They are given the choice between the Oregon Dental Hygiene Association Conference, held in Salem Oregon in November or the Oregon Dental Conference held in Portland in April. This is a great opportunity to investigate options available to the students in the area of professional development. Students attend several continuing education courses and visit with dental exhibitors. Students then reflect on their experiences at the conference and summarize what they have learned.

Sample:

n = 19 Klamath Falls Campus / n = 19 Salem Campus

Reliability:

A rubric for Professional Development Reflection is used by the course instructors to assess this outcome. The same rubric is used by both the Klamath Falls and Salem course instructors.

Rubric:

The 25-point rubric assesses content of continuing education courses attended, exhibits visited, and a reflection of the overall learning experience. Organization and grammar were also scored for proper formatting and terminology

(Appendix F)

Activity: PSLO #6 - Community Health ISLO #6 – Teamwork

Performance target:

DH 382 – Community Dental Health III (direct)

80% of students scoring 75% or higher for all assessments in PSLOs and ISLOs

The Community Health course is a three (3) term course and assessed for PSLO with a cumulative portfolio and for ISLO teamwork due to the immense amount of teamwork required in this course.

In this course, students do an needs assessment within the community and determine a population their group will work with over junior year. After the needs analysis, students complete a program plan, program implementation and program evaluation that is organized and written within a final portfolio. The community health PSLO and teamwork ISLO are assessed with a rubric specifically for each section.

The teamwork assessment is a peer evaluation allowing students to provide feedback on how each member of the team contributed to the team's project. The instructor provides feedback and evaluates the grade utilizing the meeting minutes required of each team.

Sample:

n = 19 Klamath Falls Campus / n= 20 Salem Campus

Reliability:

Rubrics are used to assess both the portfolio and the teamwork sections of the community health course. Instructors from both Klamath Falls and Salem cohorts use the same rubrics to assess their community health groups.

Rubrics:

Portfolio Rubric: A 60-point rubric is used to assess the Community Health Portfolio at the end of the third term. It evaluates the groups:

- Organization of the portfolio
- Needs assessment data
- Needs analysis of problem and reflection on needs assessment
- Program Plan
- Program implementation
- Program Evaluation – A reflection and recommendations for improvement

(Appendix G)

Teamwork Rubric: A percentage scored rubric, with 100% possible, is used for student evaluation of the group members % of participation in workload and participation in group meetings and course work.

(Appendix H)**Section 6 – Assessment Data and Interpretations**

Performance Criteria	Assessment Methods	Performance Target	Results	Interpretation
PSLO 1 ISLO 1 Communication	Senior Capstone Presentation <u>Indirect:</u> Senior Institutional Evaluation Survey	80% of students performing at <u>≥ 75%</u>	Performance Level achieved averaged. 93%	Met
PSLO 1 ISLO 1 Communication	Junior Portfolio Presentation <u>Indirect:</u> Senior Institutional Evaluation Survey	80% of students performing at <u>≥ 75%</u>	Performance Level achieved averaged. 90%	Met

PSLO 4 Life Long Learning	Putting It All Together EBDM DH 475 <u>Indirect:</u> Reflection	80% of students performing at <u>> 75%</u>	Performance Level achieved averaged. 98%	Met
PSLO 4 Life Long Learning	Junior Portfolio Professional Development <u>Indirect:</u> Reflection	80% of students performing at <u>> 75%</u>	Performance Level achieved averaged. 98%	Met
PSLO 4 Life Long Learning	4-MAT Lesson Plan AHED DH 450 <u>Indirect:</u> Senior Institutional Evaluation Survey	80% of students performing at <u>> 75%</u>	Performance Level achieved averaged. 96%	Met
PSLO 6 Community Health	Community Health Portfolio DH 383 <u>Indirect:</u> Senior Institutional Evaluation Survey	80% of students performing at <u>≥ 75%</u>	Performance Level achieved averaged 95%	Met
ISLO 4 Teamwork	Community Health Peer Evaluation DH 383 <u>Indirect:</u> Senior Institutional Evaluation Survey	80% of students performing at <u>> 75%</u>	Performance Level achieved averaged, 100%	Met
Student Success Indicators				
Graduation Rate	University Dashboard	6 -year rate >50%	97%	Met
Retention	University Dashboard	1-year rate >75%	95%	Met
Post Graduation Success	Employment Data	6 month post-graduation employment >75%	100%	Met
Program Licensure Exams	National Board Clinical Board	>75%	95% 100%	Met

Interpretation of Results:

Locations for the Oregon Tech dental hygiene program are in Klamath Falls at the Oregon Institute of Technology campus and Salem at the Chemeketa Community College campus. Both modalities deliver the same curriculum and follow the same institutional and program policies. From the assessment data provided, it is apparent that students are receiving the same quality education and perform at expected levels within the program. The curriculum mapping shows the progression of learning from foundational to capstone over the course of the program. The senior Institutional Evaluation Survey provides data on the positive student perspective for the program with a 4.67/5 rating of overall satisfaction. Employment upon graduation remains at 100% due to students having over 600 hours of clinical practice in patient care within the program and curriculum providing community health projects and an international externship program providing students off campus experiences. Requests for OIT graduates are high as dental offices state they can adapt to the workforce with little training or laps in patient care. Retention has remained high due to remediation and advising for any student having difficulty maintaining competency. Dental hygiene is a highly technical skill and rigorous program that is not right for every student. The application process continues to be updated and improved to help retention of accepted applicants.

Evidence of Improvement in Student Learning:

Performance Criteria	Previous Action Plan	Previous Data	Current Data	Interpretation
PSLO 1 ISLO 1	Developed new Capstone Project	97%	93%	Critical thinking capstone is challenging students more
PSLO 4	Research and reflections added to senior capstone and junior portfolio	90%	98%	Successful action plan implemented
ISLO 4	Teamwork – peer evaluations Community Health Projects	No data	100%	
PSLO 6	Community Health Portfolio – added community needs assessment rather than assigned groups	94%	95%	Successful action plan implemented
Graduation Rate	None Indicated	97%	97%	Maintained success
Retention	Remediation / extra labs available	94%	95%	Successful action plan implemented
Post-Graduation Success	Job market remains high, worked with career services and had sessions for dental offices to visit OIT students	100%	100%	Successful action plan implemented

Data-driven Action Plans:

The dental hygiene program has identified no equity gaps or low performances in assessment data for PSLO and ISLOs. The program went through its seven-year accreditation with the Commission on Dental accreditation (CODA) in 2024. The site visit by CODA resulted in no recommendation and continued accreditation was granted.

In review of this year's report, the dental hygiene program has shown success in meeting outcomes shown in the essential learning outcomes data. Students are performing well above competency levels and graduation rates remain at or above 95%. Demand for dental hygiene professionals remains high and the program continually assesses workforce needs that may require changes in curriculum. Recommendations by students in program evaluations and the Senior Institutional Evaluation Survey are always considered and faculty work to make the improvements where possible. Some examples of planned changes in the 2025-26 academic year are:

Action Driver	Action Planned	Resources Needed	Outcome Measure
Program goals were not aligned with university and program mission statements.	Changed program goal to a main goal and subcategories on meeting student success	Program Learning Outcomes Institutional Learning Outcomes	Revised goal of program clarifies PSLOs and ISLOs for student success
Student use of smart devices during clinical and classroom settings	Policy developed to clarify elimination of phones, smart watches/devices during clinic and classroom sessions. This policy is in student handbook and all syllabi	Lockdown browser during all testing. No unauthorized recording of lectures. Monitoring of students in clinical sessions during patient care	No HIPPA violations reported Test scores reflecting student learning that aligns with coursework and quizzes
1)Junior students seeing patients with indications for use of air polishing i.e	1) Competency timelines change to move air polishing coaching to winter term junior year	1)Air polishing units to assure availability 2) Objective Structured Clinical Exam	Improved patient outcomes, students' confidence with use of air polishing equipment

implants, stain, periodontal disease 2) Winter term OSCE exam too early in junior year to allow growth, remediation as needed, and benchmark junior year competency	2) Move OSCE exam from winter term to spring term junior year	testing competency up to end of junior year	earlier in program to ensure use in treatment plans. 2) Competency at $\geq 75\%$ by end of junior year to advance to senior year.
Competencies lower with online radiology course than in-person	Hire faculty and put radiology course back to in-person	Faculty to teach the course was hired	Increased scores in radiology course, higher competency during program progression, higher NBDHE scores
New art/décor in Klamath Falls clinic for updating and positive environment	Inspirational and modern pictures to hang on clinic walls.	Purchase of new framed posters	A positive message for patients and students to reflect and focus
clinic rubric – students will earn points vs having points deducted for competency errors	Clinic Leads develop a clinic rubric with point categories for earning points throughout patient care process	Updated Clinic Rubric Calibration of instructors	Provide a positive clinical environment to learn instructors more objective in grading, accurate reflection and final grade of a student's competency
Addressing use of Artificial	Incorporate learning module on AI into Evidence Based	Instructor research and teaching	Students' awareness upon graduation on AI

Intelligence in dentistry	Decision Making course (EBDM)	methods for AI use (attending workshops/CE courses)	risks/benefits in their profession
Students requesting laser course	Provide a laser course as program elective	Instructor laser certified. Additional laser safety equipment Certify more instructors	Students prepared for the workforce and use of lasers for patient care. Meets program goals of providing students needed endorsements for expanded practice.
Incorporating new CODA standard for Social Determinants of Oral Health (SDOH)	SDOH questions and reference guide incorporated into clinical documentation of all patients	SDOH references Student and instructor training	Provision of resources for any patient expressing a barrier to health. Tracking how many patients needed references
Higher education opportunities through master's program	Development of a master's degree in dental hygiene with crossover courses for BSDH students and RDH with bachelor's degree	Curriculum revision IRB approval External review of plan Marketing of the program once approved and implemented	Number of students and hygienists interested in pursuing the master's degree – Survey of interest and, upon approval - registration for courses

Section 8 – Closing the Loop

In review of last year's report, the dental hygiene program has shown success in meeting outcomes shown in the essential learning outcome data. Students are performing well above competency levels and graduation rates remain at or above 95%. Demand for dental hygiene

professionals remains high and the program continually assesses workforce needs that may require changes in curriculum. Recommendations by students in program evaluations and the Senior Institutional Evaluation Survey are always considered and faculty work to make the improvements where possible. The survey questions were updated to allow for better compliance and data collection. Actions needed from the previous report included curriculum to align with industry needs such as dental therapy, radiology rubric for objective grading, and using canvas outcomes to ensure no equity gaps are occurring. Senior Institutional Evaluation Surveys continue to address the need for an updated clinic and clinical equipment on Klamath Falls campus. Development and space for a dental therapy program and new upgraded clinic are in the university plan with no timeline given. The dental hygiene program continues to budget and maintain the current clinic and equipment. Radiology rubric for objective grading has been developed and implemented at both campuses and canvas outcomes are being used in all courses to check for equity gaps.

Three new faculty were hired for the Klamath Falls campus: Emily McCadden, Elizabeth Wells, and Dr. Marissa Fox. This will allow for less overload of instruction for faculty and a clinical dentist to provide patient clinical care and examinations. The Pass/Fail incorporated last year to all except major assessments have helped reflect true competency of a student's performance, this helps flag students needing remediation. National Board exam scores showing the curriculum changes made last year are improving students' performance. Offering senior students a pharmacology and embryology review, adding a biochemistry review in junior year, and working to improve radiology scoring has brought NBDHE scores up in all categories. Due to continued high needs for dental hygiene professionals in the workforce, curriculum is reviewed quarterly, and courses are updated to meet industry demands. Data collection continues to be assessed using the updated Senior Institutional Evaluation Survey, Canvas Outcomes, and university Equity Gap Dashboards. The successful accreditation last year, and the review needed to prepare for it, reinforced the efforts being made are working to achieve our program mission of student success. Through forward thinking and continual review to identify changes that will provide best outcomes for our graduates' success, the program is thriving.

(Appendix I)

Executive Summary

The dental hygiene program completed the seven-year accreditation review with no recommendations. This outcome is the result of continual improvement and forward thinking to assure student success. Outcomes obtained through changes made over the past year are reflected in the National Board Dental Hygiene Exam (NBDHE) scores. The areas showing weaker scores last year were addressed in the curriculum showing improved outcomes. The elimination of score grading on lesser assignments and weighting major assessments has given more accurate grades to the student's competency and abilities. The program uses remediation and mentoring to help students that show lower scores or technical difficulties. This helps with

retention in a program that requires technical skill and critical thinking that may not come easily for all students. If a student cannot meet competency after efforts to remediate, they are offered advice on potential healthcare programs that they may be better suited for and have course crossover to reduce tuition costs and time.

Dental hygiene faculty from both Klamath Falls and Salem meet quarterly to review curriculum and discuss ideas and proposals for the program. This has kept the program calibrated and aligned among both campuses. The major improvements the program made in the last year were improvement of the senior exit survey for better data collection and feedback, improving radiology grading for more objective evaluation, using the pass/fail grading to not skew reflection of student competency, offering more review for senior students prior to taking the national board licensure exam and hiring more faculty to allow more in-person courses this coming year.

Student Success:

- A graduate from 2023 has been accepted and began dental school at OHSU in August 2025
- Oregon Dental Hygiene Association Leadership Award
Salem campus – one recipient
Klamath Falls Campus – one recipient
International Externship Program – students experienced cultural diversity and global disparity in healthcare on humanitarian trips:
Salem campus – Grenada
Klamath Falls – Ocho Rios Jamaica
- Salem campus alum – graduate of dental therapy program and current president of Oregon Dental Hygiene Association

Our program has not shown any equity gaps as shown in the DFWI outcomes. Our program is inclusive when interviewing applicants and has a strong mentoring and advising protocol. Students mentor students and faculty mentor and advise students to ensure no student is left behind or not receiving remediation when necessary. We accept a variety of age groups, ethnicities, genders, and backgrounds. Our application process has a step-by-step outline on the dental hygiene website and multiple levels of consideration along with zoom interviews to make acceptance as fair and unbiased as possible. To help students reach their potential, our program sets aside time for remediation and provides opportunity for community outreach, international externships, workplace shadowing, and interprofessional collaboration with other programs to expose them to different work settings they may excel in as expanded practice hygienists. Our clinic works with behavioral health professionals providing care for children with autism, giving students the opportunity to work with special needs patients. Our restorative course has students shadow dentists in traditional work settings for a realistic view of daily practice. Our externship program provides a unique cultural experience working in non-traditional settings in populations with limited dental education or care. Our community health course teaches doing needs

assessments for our community and identifying populations most in need to work with over the year; this includes screenings, education, and dental hygiene services. The success of our program and graduates is evident in their achievements both in the program and as licensed professionals.

Appendix A

Capstone Project Assessment Rubric

Student Name: _____ Evaluator name: _____

Date: _____

Criteria	Poor	Competent	Score	Superior	Score
Definition of project/introduction/delivery	0 points	Introduction clearly presents the capstone, its nature, relevance and structure. Delivery required more attention to grammar/spelling, eye contact, speech, and/or professional attire	17	Introduction makes strong case for the value the capstone provides to the discipline, as well as presenting excellent detail of capstone foundation. Presentation delivery w/professional attire, speech, grammar, eye contact	20
Application of knowledge	0 points	Makes a logical connection between the knowledge of dental hygiene patient management and the patient issue or problem	8	Logically articulates how knowledge in dental hygiene patient management can provide solutions for a health issue or problem	10
Analysis and critique of research	0 points	Uses reliable and valid resources and applied knowledge appropriately to support decisions. Audience may need to infer connections	17	Clearly articulates how the patient management decisions are based upon reliable and valid research and applied knowledge	20
Knowledge of patient management	0 points	Displays familiarity with reasonably full range of	17	Displays excellent	20

		critical thinking; demonstrates an appropriate knowledge and engagement with the project		familiarity with full range of critical thinking; engages with it substantively and productively. Exceptional understanding of the project content	
Interprofessional collaboration	0 points	Interprofessional collaboration presented but not fully developed to demonstrate good understanding or use of information obtained or how applied to patient case. Support healthcare provider had limited input or connection with patient care or management	42	Presented excellent collaboration with a healthcare provider outlining strong learning, goals, teamwork, and support throughout patient care. Student showed exceptional professional collaboration to maximize management of case	50
Diverse Perspective	0 points	Shows awareness of patient's perspective. Could have used better motivational interviewing or educational techniques to achieve patient engagement or better outcome of care. Presented knowledge of differences in perspectives with only average success in removing bias or barriers.	42	No bias demonstrated by clinician. Shows awareness of patient's perspective. Shows exceptional learning outcomes through working with differing perspectives and how keeping an open-mind allowed for best outcomes in patient care and engagement.	50
Ethical Decision Making	0 points	Followed HIPPA guidelines. Used research relating to patient case with competent demonstration of knowledge gained or how it affected patient care and outcomes. Followed ethical scope	42	Followed HIPPA guidelines. Presented thorough explanation of research and how incorporated into a case presentation,	50

		of practice. Presented risks and benefits of treatment options for consent		giving patient all risks and benefits of treatment. Student displayed exceptional ethical judgement with patient engagement and interaction with the case.	
Results	0 points	Outcomes address project problem statement. Presentation of evidence and persuasive reasoning makes connections with project condition and students management using critical thinking skills	17	Outcomes thoroughly address project problem statement. Presentation of evidence conveys a mastery of critical thinking skills and patient management. Structure provides a coherent and clear focus of new understanding.	20
Summary/conclusion	0 points	Summary sufficiently supported by results and/or findings while adequately and accurately summarizing the capstone	25	Summary presents carefully analyzed information to present inventive and originally developed decisions and/or conclusions supported by results and/or findings.	30
reflections	0 points	Student able to self-assess strengths and weaknesses. Lacks details in self-assessment/reflection in regards to learning and what could have improved outcomes. Average critical thinking and problem-solving skills demonstrated as well as understanding of project presented	25	Student is able to accurately assess the capstone project and self-assess strengths and weaknesses; fully describes capstone goals and considerations for improved outcomes. Demonstrates exceptional critical thinking skills and	30

				judgement with problem solving.	
Overall comments:					

Total _____/300

Appendix B

Junior Experience Portfolio

Criteria	Excellent 5 pts	Acceptable 3 pts	Needs Improvement 1 pts	Poor 0 pts
Quality of submission (Organization/ Timeline) -APA formatted -Remove Rubrics from final submission	Portfolio was submitted on time for end of term evaluation. Portfolio is organized per instructions.	Portfolio was submitted on time and is somewhat disorganized.	Portfolio presentation organization is lacking.	Portfolio submitted late or not at all. Portfolio is unorganized and sloppy. **Late work not accepted
<u>Final Product</u> -Each portfolio section complete: 1. (Table of contents, purpose statement) 2. Caries Active 3. Special Needs 4. Case Presentation	Student has documented each portfolio section thoroughly, including pictures and visuals as needed. No sections are lacking. Portfolio is neatly and professionally presented and easy to navigate.	Student has documented most sections thoroughly, including pictures and visuals as needed. Only one section is lacking. Portfolio is generally neat	Student has documented some sections thoroughly. May be a lack of visuals. 2 or more sections are lacking details. Portfolio needs work on neatness and navigation.	Student has multiple missing sections, or sections are not complete. Portfolio is disorganized and difficult to navigate. **Late work not accepted

5. <u>Final</u> Clinic Reflection 6. IPC 7. Research 8. Professional Development -Submitted on Canvas (PDF) or Word Doc		and professionally presented and easy to navigate.		
Self-Evaluation	Student has included a self-evaluation as part of each completed portfolio section. Evaluation is a thorough and thoughtful reflection of student performance.	Self-evaluation(s) completed but needs more in-depth exploration of student performance.	Self-evaluation is present, but incomplete or lacks supporting detail.	No self-evaluation has been completed. **Late work not accepted
TOTAL	/15 points (spring term submission)			
Caries Active:	/30 points			
Special Needs:	/15 points			
Case Presentation:	/25 points			
Final Clinic Reflection:	/10 points			
Interprofessional Collaboration:	/20 points			
Professional Development:	/25 points			
Research:	/25 points			
Oral Presentation:	/70 points			

Capstone Total:	/235 points
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Appendix C

AHED Teaching Strategy Report Rubric

Criteria: Please refer to “Research Report Requirements” and this Grading Rubric as you work on your TSR.	Strongly Agree (4 points)	Agree (3 points) Lacking some details, minor errors, needs slight improvement	Disagree (2 points)	Strongly Disagree (0-1 points)
Correct grammar, word choice, punctuation, and spelling; Written for the professional reader				
Follow APA guidelines; Includes correct title page information; proper citations in body of paper and on reference page – minimum of 3 references; no plagiarism; no more than 15% direct quotes per Turnitin (excluding references)				
Included all formatting requirements - Times New Roman, size 12, entire document double-spaced (only 3 points max for this criteria)				
Report progressed logically with clear and concise introduction, body, and conclusion				
Detailed definition and description of strategy				
Described several advantages and disadvantages of using the				

active teaching strategy; used examples and referred to resources				
Report included a specific and original example (that you created) of how the strategy could be used in a classroom, lab, or clinic setting				
	6 points Strongly Agree	4 Points Agree-	2 Points Disagree	0 Points Strongly Disagree
A minimum of 3 teaching strategies and a brief description of each that you are planning on incorporating into your 4 MAT Lesson Plan Project (6 points possible)				
TOTAL /33				

Appendix D

AHED 4-Mat Rubric

Criteria:	Proficient 5 points	Competent 3-4 points	Novice 0-2 points
Lesson Plan Topic and Goal(s); Audience defined	Topic and goal clearly described; well-defined audience description	Topic OR goal OR audience details needed clearer description	Topic, goal, and audience are not well-defined OR do not tie together
Cognitive Objectives: Minimum of five and each include three components - condition, performance, and criterion	All objectives are clearly written and measurable and align with topic, goal, assessment or teaching strategy, and audience; included at least 5; objectives include all 3 required components accurately; performance	One or two objectives are not clearly written or measurable or do not align with topic, goal, assessment or teaching strategy, or audience; included at least 4; 1-2 objectives did not contain all 3 required components accurately OR	Three or more objectives are not clearly written or do not align with topic, goal, assessment or teaching strategy, or audience; included less than 4; OR 3 or more objectives did not contain all 3 required components

	component includes a strong action verb from Bloom's taxonomy: each objective is identified in the aligned assessment or strategy	1-2 performance components did not include a strong action verb from Bloom's taxonomy; one or two objectives are not identified in the aligned assessment or strategy	accurately OR 3 or more performance components did not include a strong action verb from Bloom's taxonomy; three or more objectives are not identified in the aligned assessment or strategy
Psychomotor and/or Affective Objectives: Minimum of five – psychomotor all 3 components; optional for affective objective to have a criterion component	All objectives are clearly written and measurable and align with topic, goal, assessment or teaching strategy, and audience; included at least 5; objectives include all 3 required components accurately; performance component includes a strong action verb from Bloom's taxonomy: each objective is identified in the aligned assessment or strategy	One or two objectives are not clearly written or measurable or do not align with topic, goal, assessment or teaching strategy, or audience; included at least 4; 1-2 objectives did not contain all 3 required components accurately OR 1-2 performance components did not include a strong action verb from Bloom's taxonomy; one or two objectives are not identified in the aligned assessment or strategy	Three or more objectives are not clearly written or do not align with topic, goal, assessment or teaching strategy, or audience; included less than 4; OR 3 or more objectives did not contain all 3 required components accurately OR 3 or more performance components did not include a strong action verb from Bloom's taxonomy; three or more objectives are not identified in the aligned assessment or strategy
Quadrant #1 with both right and left-brain activities described	Teaching strategies are described in a <i>well-developed paragraph</i> and address both right and left-brained learners and are appropriate for the quadrant; strategies align with the topic, goal, audience and at least one objective; objective is identified; activities are original and created and included in the 4 MAT plan or sent as a separate attachment	Teaching strategies developed but needed more detail; strategies are appropriate for the quadrant and align with the topic, goal, audience and at least one objective; objective is not identified; most activities are original and created and included in the 4 MAT plan or sent as a separate attachment	Teaching strategies are not well-developed OR do not align with the topic, goal, audience, or any of the objectives; OR not all activities described were original and created or some not included in the 4 MAT plan or sent as a separate attachment

Quadrant #2 with both right and left-brain activities described	Teaching strategies are described in a <i>well-developed paragraph</i> and address both right and left-brained learners and are appropriate for the quadrant; strategies align with the topic, goal, audience and at least one objective; objective is identified; activities are original and created and included in the 4 MAT plan or sent as a separate attachment	Teaching strategies developed but needed more detail; strategies are appropriate for the quadrant and align with the topic, goal, audience and at least one objective; objective is not identified; most activities are original and created and included in the 4 MAT plan or sent as a separate attachment	Teaching strategies are not well-developed OR do not align with the topic, goal, audience, or any of the objectives; OR not all activities described were original and created or some not included in the 4 MAT plan or sent as a separate attachment
Quadrant #3 with both right and left-brain activities described	Teaching strategies are described in a <i>well-developed paragraph</i> and address both right and left-brained learners and are appropriate for the quadrant; strategies align with the topic, goal, audience and at least one objective; objective is identified; activities are original and created and included in the 4 MAT plan or sent as a separate attachment	Teaching strategies developed but needed more detail; strategies are appropriate for the quadrant and align with the topic, goal, audience and at least one objective; objective is not identified; most activities are original and created and included in the 4 MAT plan or sent as a separate attachment	Teaching strategies are not well-developed OR do not align with the topic, goal, audience, or any of the objectives; OR not all activities described were original and created or some not included in the 4 MAT plan or sent as a separate attachment
Quadrant #4 with both right and left-brain activities described	Teaching strategies are described in a <i>well-developed paragraph</i> and address both right and left-brained learners and are appropriate for the quadrant; strategies align with the topic, goal, audience and at least one objective; objective is identified; activities are original and created and	Teaching strategies developed but needed more detail; strategies are appropriate for the quadrant and align with the topic, goal, audience and at least one objective; objective is not identified; most activities are original and created and included in the 4 MAT plan or sent as a separate	Teaching strategies developed but needed more detail; strategies are appropriate for the quadrant and align with the topic, goal, audience and at least one objective; most activities are original and created and included in the 4 MAT plan or sent as a separate

	included in the 4 MAT plan or sent as a separate attachment	attachment	attachment
Traditional assessment – using several ‘types’ of questions (i.e. multiple-choice, T/F, matching, short- answer, etc.)	Created traditional test questions using a several ‘types’ of questions; each question aligns with at least one objective; the objective is identified; questions are well-written and original	Created traditional test questions using a several ‘types’ of questions; one or two questions did not align with an objective OR one or two questions were not clearly written OR objectives not identified	Test questions taken from another source or created traditional test questions but only used one or two different ‘types’ of questions; OR several questions did not align with an objective OR several questions were not clearly written
Non-traditional (alternative) assessment, including detailed grading criteria (i.e. rubric or scoring guide)	Created a non-traditional type of assessment that is well-developed with detailed grading criteria; assessment aligns with at least one objective; objective is identified	Created a non-traditional type of assessment that is well-developed but needed more detail; grading criteria needed more detail; assessment aligns with at least one objective; objective is identified	Rubric or assessment taken from another source or created a non-traditional type of assessment, but not well-developed OR grading criteria was not clear and needed more detail OR assessment did not align with at least one objective
Professional appearance; Faculty evaluation included	Overall 4 MAT lesson plan was well-written with a ‘polished’ and professional appearance; resources were cited as needed; lesson plan include a faculty evaluation that students would complete to provide feedback at end of lesson; no spelling or grammatical errors; no more than 15% of content including created strategies directly from other sources per Turnitin.	4 MAT lesson plan was well-written but overall needed a bit more ‘polish’ to look more professionally finished; resources were cited as needed; lesson plan include a faculty evaluation that students would complete to provide feedback at end of lesson; two or more spelling or grammatical errors; no more than 25% of content including created strategies directly from other sources per Turnitin.	4 MAT lesson plan was well-written but overall needed a bit more ‘polish’ to look more professionally finished AND resources were not cited as needed OR lesson plan did not include a faculty evaluation; several spelling or grammatical errors; more than 25% of content including created strategies directly from other sources per Turnitin

Total	/50		
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Appendix E

EBDM – Putting It All Together Rubric

Criteria:	Proficient3 points	Competent2 points	Novice 0 to 1 point
Title of CAS; Table format; 1-2 pages	Created a title for CAS; Table format; One page	Did not include Title; OR not in Table format; OR more than one page	Missing two or more required elements
Bottom line	Clearly addressed major findings by summarizing information from the two articles; Answer the PICO question	Did not clearly address the major findings of the articles; OR discussed the findings for each article separately; OR did not clearly address the PICO question	Missing two or more required elements
Clinical question	Wrote clinical question in proper PICO format	Missing an element or was not clear with one of the PICO phrases	Missing two or more required elements
Study design	Discussed summary from articles of pertinent information regarding the study designs	Needed more details or clearer explanation of study design and how it was pertinent	Did not clearly address pertinent information of study design
Evidence summary	Summarized the major findings from all articles	Needed clearer explanation in summarizing the major findings	Did not clearly address the major findings for one or both articles
Comments	Addressed if findings are relevant to clinical practice and explained why or why not	Addressed if findings are relevant to clinical practice but needed more detail	Did not clearly explain if findings are relevant to clinical practice
Resources – list with one type of formatting (APA)	Used three full-text articles. Consistent formatting of articles	Missing one element	Missing two or more elements
Writing mechanics	No writing errors	One writing error	Two or more writing errors

Appendix F

Junior Portfolio Professional Development Rubric

	Excellent (Competent)	Acceptable (Beginner)	Needs Improvement (Novice)
Content-CE -Summary of the courses you attended -What will you take away from this course? -How will you apply this information towards your role/career path as a DH?	5-points: Addresses all required content completely. Provides detailed descriptions and supportive statements. Discussed take away concept from each course in detail.	3-points: Addresses the required content, but doesn't provide much details or supportive statements. Summary is lacking for the CE courses.	1-point: 1 or more Required elements are missing. Detail and supportive statements are lacking detail. Has little content regarding CE courses.
Content-Exhibits -Photo journal of exhibit hall experience with at least 5 different vendors Review what you liked or didn't like about the vendors <u>(In event exhibits are closed):</u> Research at least 3 different dental supply companies (1 product from each) that pertains to DH practice. Describe the company, the product and provide at least 1 visual for each. Describe why you are interested in this product, and which patients or instances it could be used.	5-points: Provides information of at least 5 vendors and what was learned regarding what products were of interest OR 5- points: Provides information for at least 3 products/companies and gives visual aids. Thoroughly describes how the product could be applied to DH practice.	3-points: Provides limited information regarding vendors. Details are lacking and/or unclear how many vendors were visited. OR 3-points: Provides less than three products/companies. Details are lacking and/or few visuals provided.	1-point Very little information about vendors with little to no supporting details. OR 1-point: Very little information provided with no visuals.

Content-Professional Development Reflection -Overall reaction to your experience -How did this event impact your learning? -Supporting content for professional development	5-points: Provides summary of overall experience and how the conference supports professional development. Uses supporting content (why professional development is important) Hint: ADHA has some great resources!	3-points: Provides some information about overall experience and professional development. Does not use supporting content	1 point: Very little detail or thought put into overall experience.
Grammar	5-points: No errors in spelling or grammar	3-points: 1-2 errors in spelling or grammar	1-point: 3 or more errors in spelling or grammar
Format -2 pages (not including title and reference page) -Follows APA guidelines: double spaced, size 12, Times New Roman Font	5-points: Formatted correctly and follows length requirements	3-points: 1-2 errors in format	1-point: 3 or more errors in format. Does not follow length requirement
TOTAL /25			

Appendix G

Community Health Electronic Portfolio RubricElectronic Portfolio Rubric (60 points possible)				
	Novice 0-6 pts.	Beginner 7 pts.	Competent 8 pts.	Proficient 9-10 pts.
Writing & Introduction	Several spelling and/or grammatical errors. Writing is inconsistent for the intended audience.	Some minor spelling or grammatical errors. Writing is mostly appropriate for intended audience.	Some minor spelling or grammatical errors. Writing is appropriate for the intended	No spelling or grammatical errors. Writing is clear, accurate and appropriate for intended audience (DH professionals). <u>Portfolio is organized</u>
Needs Assessment	Baseline data does not reveal the current status of the population. Population profile not complete. Oral health status (if applicable) not identified.	Some baseline data missing due to inappropriate choice of data collection instrument. Oral health status (if applicable) and population profile are included. All secondary data	Baseline data reveals the current status of the population to include community issues of prevention, access, resources, quality, manpower. Oral health status (if applicable) and population profile are included. All	Baseline data reveals the current status of the population to include community issues of prevention, access, resources, quality, manpower. Oral health status (if applicable) and population profile are included. All
Needs Analysis	The needs analysis does not reflect the needs assessment data.	Program strategies, rather than the primary problems of the population are determined. The population's self-	Primary problems and contributing factors or constraints are identified and reflect the needs	Primary problems and contributing factors or constraints are identified and reflect the needs assessment data. The population's self-assessment of
Program Plan	Goals and objectives are inaccurate in respect to SMART. Strategies and activities do not reflect program goals and are not effective. The funding plan/budget is inaccurate. An outline of formative and summative program evaluation	Goals and objectives may be inaccurate in some respect to SMART. Strategies and activities may not entirely reflect goals and objectives. The funding plan/budget is somewhat confusing. An outline of formative and summative program evaluation is included.	Goals and objectives may be inaccurate in some respect to SMART. Effective strategies and activities that include a timeline and reflect program goals and objectives are planned. A funding plan/budget is included and an outline of formative	Goals and objectives are (SMART) specific, measurable, attainable, realistic, and timely. Effective strategies and activities that include a timeline and reflect program goals and objectives are
Program Implementation	The implementation process is inadequately documented. Someone taking on this project would have many questions about project operation. Several aspects of documentation are missing.	The implementation process is adequately documented. Some documentation is missing.	The implementation process is documented. Anyone taking on this project may have some questions about how the project operates.	The implementation process is well documented. Anyone taking on this project could easily see how the project operates. Documentation includes: • contact persons • sample forms and checklists used • meeting minutes (if applicable) & progress reports • written correspondence • list of

Program Evaluation	Activities are not assessed. Formative evaluation is not documented. Goals and objectives are not evaluated.	Some activities are not adequately assessed or documented. Goals and objectives are evaluated.	All activities are assessed and documented. Some formative evaluation from meeting minutes (if applicable) is missing. Goals and	All activities are assessed and formative evaluation is documented from meeting minutes (if applicable) and post activity assessment. Goals and objectives are
Total Team Grade:				

Appendix H

Community Health Teamwork Rubric

Evaluator's Name:	Team member's names	Percentage of workload	Instructor Meeting Minutes Participation Evaluation
Workload % must = 100%	Total	100%	

Appendix I

Curriculum Management Plan 2024

CURRICULUM COORDINATION AND ALIGNMENT			
Activity	Description	Interval	When/ Where
Course alignment	Companion course instructors from all locations will work cooperatively to keep courses aligned. Courses must align between campuses for: sequence, outcomes, content, specific instructional objectives, major assessments and assessment tools, and grading procedures. Any changes to course structure or content must be agreed upon by both instructors and submitted to the Department Curriculum Team for review.	Quarterly	F, W, S, Su
Syllabus Template & Checklist	Faculty will use a common template for consistency in each course. This will help students locate information in syllabi more effectively and ensure that university and departmental policies are aligned. Syllabus writing resources and templates for department policies are located on Teams> Program FilesCurriculum Management and the Z: Dental Hygiene Faculty Canvas under Course Alignment Checklist. Syllabi are updated and stored on TEAMS each term.	Quarterly	F, W, S
Curriculum Discussions	Faculty will present and discuss curriculum change topics for individual courses at weekly meetings or as needed to inform the department. Discussions from weekly/quarterly campus meetings are documented and presented at quarterly department meetings as needed. Curriculum issues are discussed and documented in meeting minutes. The people responsible for action items are noted in the meeting minutes. Revisions may be piloted in summer term with full implementation planned for Fall term	Quarterly	Weekly/ quarterly department meetings
Faculty Calibration	Clinical faculty meetings are held 2-3 times per year to coordinate didactic and clinical instruction, provide program updates, deliver teaching methodology training, and provide calibration activities. All faculty and clinic instructors are required to participate in initial training in the areas of HIPAA; and annually in FERPA, HAZ-COM, OSHA/BBP, and teaching best practice/methodology. The faculty Canvas course is used by clinical instructors across both campuses to access training and resources. Verification forms for required trainings are submitted to the program Site Coordinator for documentation.	Quarterly	Each campus
Clinic Faculty Briefings	Clinic lead instructors meet and/or deliver information to clinical faculty as needed during the pre-clinical prep time to provide calibration updates, instruction, or discuss clinical issues and are documented and saved for verification.	As needed	Prior to clinic session
STUDENT INVOLVEMENT			
Student Program Feedback	Students will be surveyed for program feedback based on the following schedule: All students will complete survey during winter term	Annually for each class	Winter term

	Recommendations from surveys will be shared at individual campus faculty meetings for consideration and brought to the department meeting as necessary		
CURRICULUM REVIEW			
IDEA Student Numerical Evaluations	Student assessment of individual didactic instructors to assess quality of teaching as specified by university policy. Annual Performance Evaluations are conducted annually and reviewed by faculty and Dept Chair identifying areas of strength or need for improvement.	Quarterly Annually	Spring term
Program, Institutional Outcomes Evaluation & Assessment	Individual instructors will review IDEA instructional evaluations; course strength and weaknesses; student progress related to course/program/institutional outcomes; and develop proposals for improvement as indicated in the TechWeb Course Outcomes Dashboards in accordance with university assessment guidelines by primary faculty. Institutional and Program data is collected and reported annually and reviewed by the University Assessment Committee. Individual course data is collected each term and compiled annually in shared documents; Formal course review is conducted on a three-year rotational calendar to look for patterns. Minor course changes and improvements are discussed at faculty meetings to ensure continuity and communication among full-time faculty. Changes are documented in the "Curriculum Discussions" document by the campus site coordinator.	Quarterly	
Programmatic Curriculum Review	Program Curriculum review is evaluated by primary faculty for each course in each term via Canvas Outcomes and reported in TechWeb Course Outcomes Dashboards. Results are recorded on the CODA Standards and Program Outcome Planning Matrix for review at the spring department meeting. Changes may be piloted in summer term with full implementation and policy updates in fall. Formal changes are routed through the university process as indicated and to CODA when required.	Annually	Full Review in Summer
Review of CODA Standards	Curriculum Coordinators will review and update CODA standards to the CODA Standards and Program Outcome Planning Matrix and send out communications to faculty of any changes made. Review of new standards and implementation plan is completed with all faculty annually at Convocation.	Annually	Ongoing Updates, Review in Fall
Review of NBDHE & Clinical Board Results	Faculty will review recent NBDHE scores and categories to determine if there are areas of the curriculum that need to be strengthened. Discussion of changes happen in spring with review of changes and implementation in fall term.	Annually	Spring (June)

DH Student Handbook	Program directors evaluate the DH Student Handbook for revisions in summer to update policies. Changes are delivered to faculty/students at the beginning of fall term and posted to the individual campus Teams folders for all students/faculty to access. Senior students begin their year in summer term and may be provided a written addendum until the full handbook is released in fall.	Annually	Summer
Humanistic Cultural	The program's mission statement addresses our commitment to a humanistic culture and learning environment. It is taught and evaluated in the first year of the program in DH 242. It is again	PSLO/ DH 242	Collected in spring/reported in fall